



City of Miramar | Building Division

Community & Economic Development Department

2200 Civic Center Place | Miramar, Florida 33025

Tel: 954.602.3200 | Fax: 954.602.3635

www.miramarfl.gov

Contractor Registration Form

Please select one:

☐ New Registration

☐ Update Information

I hereby acknowledge that I, _____
(Name of Qualifier)

the Qualifier for the Company _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

For proper registration, you shall provide all updated information that applies to your contractor's qualifications. Incomplete and missing information will delay the registration process, and as a result no applications for permit will be properly processed.

- ☐ Certified Contractor (State License). Trade: _____
- ☐ Broward County Contractor (Certificate of Competency). Trade: _____
- ☐ Registered Contractor Trade: _____

For **registered contractor**, the registration shall indicate the qualification to contract in Broward County. As per Florida Statute 489, registered contractor can only contract in the jurisdiction where he/she is registered. For more information, contact the Florida Department & Professional Regulations. (See below the definition)

A "**registered contractor**" means any contractor who has registered with the department pursuant to fulfilling the competency requirements in the jurisdiction for which the registration is issued. Registered contractors may contract only in such jurisdictions. Registered contractors are designated by an occupation code which begins with the letter "**R**".

- ☐ Liability Insurance (City of Miramar as certificate holder).
- ☐ Workman's Compensation (City of Miramar as certificate holder) or Florida's Exemption.
- ☐ Business Tax Receipt (Former Occupational License).
- ☐ Name of Authorized Person to submit and pick up permit applications: _____

Phone: _____ Email: _____

I hereby acknowledge that the information provided for this registration is accurate and in compliance with the requirements for contractor registration in the Building Division, City of Miramar

 X
Signature of Qualifier

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____

Notary Signature _____

(Notary Seal)

By (Print Name): _____ Personally know ____ or I.D. _____